

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
SELECTION SERVICES SECTION
SUPPLEMENTAL APPLICATION EXAMINATION FOR SUPERVISING REGISTERED NURSE II, CF**

Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Supervising Registered Nurse II, Correctional Facility (CF) with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: _____

Social Security Number: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Nursing License: _____

Number	Expiration date	State
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Signature

Date

I certify that all the statements I have made in this application are true and correct.

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 (you may download a copy of the STD. 678 from the State Personnel Board's website at www.spb.ca.gov) to the address listed below:

**MAIL COMPLETED
STD. 678 AND
SUPPLEMENTAL
APPLICATION TO:**

California Department of Corrections and Rehabilitation
Selection Services Section
P. O. Box 942883
Sacramento, CA 94283-0001

**SUPERVISING REGISTERED NURSE II, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

Possession of a current license as a registered nurse in California. (Applicants who do not meet this requirement will be admitted to the examination, but they must secure the required license before they will be considered eligible for appointment.) **And**

Either I

One year of experience in California state service performing the duties of a Supervising Registered Nurse I, Correctional Facility.

Or II

Three years of experience in the California state service performing the duties of Registered Nurse, Correctional Facility.

Or III

Experience: Three years of registered nursing experience within the last five years, one year of which must have been in a supervisory capacity, and two years of which must have been in a general acute care hospital. (Possession of a Bachelor of Science Degree in Nursing or a Masters Degree in Nursing may be substituted for one year of general acute care hospital experience.)

Candidates who are within six months of completing the experience requirements will be admitted to the examination, but they must complete all requirements before they will be considered eligible for appointment.

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

- | | |
|--|--|
| 1. Are you willing to treat inmates/wards in a professional, ethical, and tactful manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you willing to perform a physical assessment on an inmate/ward? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you willing to provide emergency care to inmates/wards (e.g., CPR)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you willing to work around peace officers armed with chemical agents and/or weapons? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you willing to abide by and adhere to institutional safety and security policies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you willing to wear protective clothing and apparatus as required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you willing to abide by and adhere to the institutional dress code? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are you willing to work professionally with individuals from a wide range of cultural backgrounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Are you willing to work overtime and on-call hours as required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are you willing to work rotating shifts (e.g. day shift, swing shift, night shift) to provide staff coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are you willing to carry equipment and materials weighing a minimum of 40 pounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are you willing to bend, stoop, climb stairs, push, pull, twist, and briskly walk a minimum of 50 yards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SUPERVISING REGISTERED NURSE II, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE

Under "Work Experience," for items #14 - 31, please indicate

Frequency:

a) If you have performed this task within the last 12 months

b) How often you perform this task

(Please select one box from "weekly" "monthly" and "annually" column)

Level of Skill:

a) The level of skill that you have in performing this task

(Please select one box from the "level of skill" column)

Frequency				Level of skill		
Performed task within last 12 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER LICENSING

14. Plan, organize, and direct overall nursing services operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Supervise subordinate nursing staff in the performance of their duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Develop and implement nursing services policies and procedures to reflect current nursing practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Establish a mechanism to assure all nursing staff has a current and active license.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Ensure sufficient qualified nursing staff are on duty to provide adequate patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Work cooperatively with various disciplines and levels of staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Collaborate with community health care providers to assure appropriate evaluation, treatment and follow-up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Promote interdisciplinary collaboration to ensure continuity and appropriateness of the delivery of health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Prepare and discuss written performance reports by monitoring and evaluating the work performance of nursing staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Administer an on-going infection control practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Collect and compile data to prepare comprehensive written reports related to nursing services and/or health care operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Review unit health records and reports prepared by nursing staff for accuracy, timeliness and completeness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Serve on various health care committees, institutional committees, task forces, and work groups at a local and divisional level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Participate in the management of the health services' budget by monitoring, tracking and prioritizing expenditures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISING REGISTERED NURSE II, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

	Frequency				Level of Skill		
28. Assure adequate medical supplies and equipment are available to nursing staff to provide appropriate patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Assess and resolve daily nursing services staffing needs as a result of unscheduled absences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Ensure adherence to employee bargaining unit contracts by meeting with staff and union representatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Project, manage and schedule nursing staff overtime in a manner consistent with fiscal policies and directives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEGREES/CERTIFICATIONS

Please indicate if you have completed any of the following degrees or certifications.

- ☐ 32. Bachelor's degree in nursing
- ☐ 33. Master's degree in nursing
- ☐ 34. Certificate in Pediatric Nursing
- ☐ 35. Certificate in Public Health Nursing
- ☐ 36. Advanced Cardiac Life Support (ACLS)

SUPERVISORY EXPERIENCE

Please indicate if you have any experience supervising the following personnel.

- ☐ 37. Registered Nurses (RN)
- ☐ 38. Licensed Vocational Nurses (LVN)
- ☐ 39. Certified Nursing Assistants (CNA)
- ☐ 40. Recreational Therapists
- ☐ 41. Occupational Therapists
- ☐ 42. Physical Therapists
- ☐ 43. Psychiatric Technicians

**SUPERVISING REGISTERED NURSE II, CORRECTIONAL FACILITY
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Name: _____

AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA

This question is not part of the examination but is for the hiring authority's information. If you answer 'yes' to question 2, please provide your Visa information below.

1. Are you a citizen or permanent resident of the United States of America? ☐ Yes ☐ No
2. If not, are you in possession of a Visa that permits you to work in the United States of America? ☐ Yes ☐ No

Visa type _____

Visa expiration date _____

**SUPERVISING REGISTERED NURSE II, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED. If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers** and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, **once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time ☐ (R) Permanent Part-Time ☐ (K) Limited-Term Full-Time ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ **5 ANYWHERE IN THE STATE** - If this box is marked, no further selection is necessary.

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **7231 NORTHERN REGION**

ADULT FACILITIES:

- | | |
|--|--|
| <input type="checkbox"/> 0309 Mule Creek State Prison
Ione, Amador County | <input type="checkbox"/> 3417 Richard A. McGee Correctional Training Center , Galt, Sacramento County |
| <input type="checkbox"/> 0802 Pelican Bay State Prison
Crescent City, Del Norte County | <input type="checkbox"/> 3901 Deuel Vocational Institution
Tracy, San Joaquin County |
| <input type="checkbox"/> 1802 California Correctional Center
Susanville, Lassen County | <input type="checkbox"/> 5505 Sierra Conservation Center
Jamestown, Tuolumne County |
| <input type="checkbox"/> 1805 High Desert State Prison
Susanville, Lassen County | <input type="checkbox"/> 3423 CSP, Sacramento
Represa, Sacramento County |
| <input type="checkbox"/> 3400 Headquarters
Sacramento, Sacramento County | <input type="checkbox"/> 3404 Folsom State Prison
Represa, Sacramento County |

YOUTH FACILITIES:

- | |
|---|
| <input type="checkbox"/> 3902 DeWitt Nelson YCF
Stockton, San Joaquin County |
| <input type="checkbox"/> 3908 O.H. Close YCF
Stockton, San Joaquin County |
| <input type="checkbox"/> 3917 N.A. Chaderjian YCF
Stockton, San Joaquin County |
| <input type="checkbox"/> 3907 Northern California YCF
Stockton, San Joaquin County |
| <input type="checkbox"/> 0311 Pine Grove Youth Conservation Camp Facility
Pine Grove, Amador County |
| <input type="checkbox"/> 0307 Preston YCF
Ione, Amador County |

☐ **7232 CENTRAL REGION**

ADULT FACILITIES:

- | | |
|--|---|
| <input type="checkbox"/> 2102 CSP, San Quentin
San Quentin, Marin County | <input type="checkbox"/> 2003 Central California Women's Facility
Chowchilla, Madera County |
| <input type="checkbox"/> 4804 California Medical Facility
Vacaville, Solano County | <input type="checkbox"/> 2004 Valley State Prison for Women
Chowchilla, Madera County |
| <input type="checkbox"/> 4811 CSP, Solano
Vacaville, Solano County | <input type="checkbox"/> 2701 Correctional Training Facility
Soledad, Monterey County |
| <input type="checkbox"/> 1015 Pleasant Valley State Prison
Coalinga, Fresno County | <input type="checkbox"/> 2708 Salinas Valley State Prison
Soledad, Monterey County |
| <input type="checkbox"/> 1605 Avenal State Prison
Avenal, Kings County | <input type="checkbox"/> 4005 California Men's Colony
San Luis Obispo, San Luis Obispo County |
| <input type="checkbox"/> 1606 CSP, Corcoran
Corcoran, Kings County | <input type="checkbox"/> 1608 California Substance Abuse Treatment Facility , Corcoran, Kings County |

YOUTH FACILITIES:

- | |
|--|
| <input type="checkbox"/> 4003 El Paso de Robles YCF
Paso Robles,
San Luis Obispo County |
|--|

☐ **7233 SOUTHERN REGION**

ADULT FACILITIES:

- | | |
|---|--|
| <input type="checkbox"/> 1503 California Correctional Institution
Tehachapi, Kern County | <input type="checkbox"/> 3313 Chuckawalla Valley State Prison
Blythe, Riverside County |
| <input type="checkbox"/> 1513 Wasco State Prison – Reception Center , Wasco, Kern County | <input type="checkbox"/> 3329 Ironwood State Prison
Blythe, Riverside County |
| <input type="checkbox"/> 1514 North Kern State Prison
Delano, Kern County | <input type="checkbox"/> 3612 California Institution for Men
Chino, San Bernardino County |
| <input type="checkbox"/> 1522 Kern Valley State Prison
Delano, Kern County | <input type="checkbox"/> 3613 California Institution for Women
Corona, San Bernardino County |
| <input type="checkbox"/> 1307 Calipatria State Prison
Calipatria, Imperial County (North) | <input type="checkbox"/> 3715 R. J. Donovan Correctional Facility at Rock Mountain , San Diego,
San Diego County |
| <input type="checkbox"/> 1308 Centinela State Prison
Imperial, Imperial County (South) | <input type="checkbox"/> 3310 California Rehabilitation Center
Norco, Riverside County |
| <input type="checkbox"/> 1995 CSP, Los Angeles
Lancaster, Los Angeles County | |

YOUTH FACILITIES:

- | |
|---|
| <input type="checkbox"/> 3628 Heman G. Stark YCF
Chino,
San Bernardino County |
| <input type="checkbox"/> 1967 Southern Youth Correctional Reception Center & Clinic
Norwalk, Los Angeles County |
| <input type="checkbox"/> 5610 Ventura YCF
Camarillo, Ventura County |

Please notify CDCR promptly of any address changes or availability for employment at the following address:

**SUPERVISING REGISTERED NURSE II, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination but are for the hiring authority's information.

HOW DID YOU HEAR ABOUT THE SUPERVISING REGISTERED NURSE II, CF EXAMINATION?

Check the box that best describes how you found out about the Supervising Registered Nurse II, CF examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Job Fair/Career Fair
- ☐ Other